

ATTACHMENT 2

Modified Instructions for Claims Submitted Using the UB-92 (192 Byte) Record Layout on and After October 13, 2003

For claims submitted to Wisconsin Medicaid using the UB-92 (192 Byte) Record Layout on and after October 13, 2003, billing services and providers will be required to follow the current record layout with the following modifications and clarifications.

CLAIMS SUBMISSION

When submitting claims using the UB-92 (192 Byte) Record Layout, continue to use the dial-up connection and data exchange methods allowed prior to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Round-reel [9-track] tapes; 3480, 3490, and 3490E cartridge tapes; CD-ROM; 3780 protocol; Micro-ECS; and Reformatter).

MEDICAL CODES

Providers should continue to use medical codes (e.g., procedure codes, modifiers) appropriate to the date of service (DOS). Refer to Attachment 4 of the September 2003 *Update* (2003-146), titled "HIPAA contingency plan: options for billing services and providers who will not be ready to submit HIPAA-compliant electronic claims," for medical codes that change as a result of HIPAA.

KEY TO RECORDS

Bill Type

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications.

Record Limit

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications.

Record Type: 01

Field 19 — Vendor Number

Continue to indicate the appropriate pre-HIPAA vendor number.

Record Type: 10

Field 2 — Type of Batch

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications.

Record Type: 20

Field 24 — Estimated Amount Due

Do not use this field to indicate patient liability in the UB-92 (192 Byte) Record Layout. (Refer to Record Type: 41, Fields 16-39.)

Record Type: 22

Field 13 — Other Insurance Indicator and Medicare Status Code

Indicate “OI-Y” in place of “OI-H.”

Record Type: 30

Field 26 — Estimated Amount Due

Do not use this field to indicate patient liability in the UB-92 (192 Byte) Record Layout. (Refer to Record Type: 41, Fields 16-39.)

Record Type: 40

Fields 8-27 — Occurrence Code 1/Occurrence Date 1 — Occurrence Code 10/Occurrence Date 10

Do not indicate occurrence codes “50” and “51” for mother/baby claims. Refer to the June 2003 *Update* (2003-29), titled “Wisconsin Medicaid will no longer reimburse claims submitted for newborns under the mother's identification number,” for more information.

Record Type: 41

Fields 4-13 — Condition Code 1 — Condition Code 10

Indicate the applicable condition codes appropriate to the DOS.

Fields 16-39 — Value Code 1/Value Amount 1 — Value Code 12/Value Amount 12

Do not indicate value code “22” or the associated amount for spenddown. Wisconsin Medicaid will automatically reduce the provider’s reimbursement by the amount of the recipient’s spenddown amount.

Continue to indicate value code “84” and the associated amount for patient liability.

Record Type: 50

Field 4 — Accommodation Revenue Code 1

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications by indicating the appropriate three-digit revenue code.

Record Type: 55

Field 4 — Accommodation/Ancillary 1

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications by indicating the appropriate three-digit revenue code.

Special Instructions for Nursing Home Providers

For DOS before October 1, 2003, indicate the appropriate two-digit local level of care code and follow the format of the UB-92 (192 Byte) Record Layout specifications. For DOS on and after October 1, 2003, drop the first zero when indicating the appropriate revenue code and follow the format of the UB-92 (192 Byte) Record Layout specifications.

Record Type: 60

Field 4 — Ancillary Revenue Code 1

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications by indicating the appropriate three-digit revenue code.

Special Instructions for Hospital Providers

Do *not* indicate procedure codes W9111-W9115; instead, indicate revenue code 81X regardless of the DOS and follow the format of the UB-92 (192 Byte) Record Layout specifications.

Record Type: 61

Field 4 — Revenue Center Code 1

Indicate the appropriate code for home health, personal care, and outpatient hospital providers.

Despite changes as a result of HIPAA, continue to follow the UB-92 (192 Byte) Record Layout specifications by indicating the appropriate three-digit revenue code.

Field 5 — HCPCS Procedure Code

Indicate the appropriate Healthcare Common Procedure Coding System or *Current Procedural Terminology* code for home health and personal care providers.

Fields 6-7 — Modifier 1 and Modifier 2

Claims that require more than two modifiers cannot be submitted using the UB-92 (192 Byte) Record Layout. If a claim requires more than two modifiers, submit the claim using the 837 Health Care Claim: Institutional transaction or the paper UB-92.

Field 9 — Date of Service

Special Instructions for Hospital Providers

List a single DOS for each detail in MMDDYY format.

Field 13 — Date of Service (For Record Layout Version 6.0 only)

Special Instructions for Hospital Providers

List a single DOS for each detail in CCYYMMDD format.